

Maryland
Department of
the Environment

Maryland Catchment Basin and Containment Sump Test Report

MDE Facility I.D. #: 1656		
Facility Name: Easton Point 24 Hr Station		UST Owner: Tim Miller
Facility Address: 930 Port St.		Owner Address: 28102 Baileys Neck Rd.
City: Easton	State: MD	Zip: 21601
		City: Easton State: MD Zip: 21601
		Owner Telephone Number: (410) 310-3553
Testing Company: Clean Fuels Associates		
Company Telephone Number: (410) 757-7576		

Test Date: 06/26/19	Weather Condition: Sunny	Temperature: 85 F
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Product:	Regular Gasohol	Non-Ethanol 91	ULS Diesel
Testing:	<input checked="" type="checkbox"/> Check One <input type="checkbox"/> Spill Bucket <input type="checkbox"/> Stage I Bucket <input type="checkbox"/> Dispenser Sump # _____ <input type="checkbox"/> STP Sump <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> Vent Riser Sump <input type="checkbox"/> Other (Describe): _____	<input checked="" type="checkbox"/> Check One <input type="checkbox"/> Spill Bucket <input type="checkbox"/> Stage I Bucket <input type="checkbox"/> Dispenser Sump # _____ <input type="checkbox"/> STP Sump <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> Vent Riser Sump <input type="checkbox"/> Other (Describe): _____	<input checked="" type="checkbox"/> Check One <input type="checkbox"/> Spill Bucket <input type="checkbox"/> Stage I Bucket <input type="checkbox"/> Dispenser Sump # _____ <input type="checkbox"/> STP Sump <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> Vent Riser Sump <input type="checkbox"/> Other (Describe): _____
Construction:	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled (vacuum test method must be performed in accordance with manufacturer or PEI/ RP1200)	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled (vacuum test method must be performed in accordance with manufacturer or PEI/ RP1200)	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled (vacuum test method must be performed in accordance with manufacturer or PEI/ RP1200)
Start Level:	7 1/8"	8 3/8"	7"
Start Time:	10:30 am	10:30 am	10:32 am
End Level:	7 1/8"	8 3/8"	7"
End Time:	11:30 am	11:30 am	11:32 am
Level Change:	0"	0"	0"
Test Results:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Test Failure:	<input type="checkbox"/> Reported to MDE Date: _____ Time: _____		

- Hydrostatic and vacuum test failures must be reported to MDE immediately and within 2 hours of the test.
- A liquid level drop of 1/8 inch or greater in 1 hour is considered a test failure.

Product:	Off-Road Diesel	Premium Gasohol	
Testing:	<input checked="" type="checkbox"/> Check One <input type="checkbox"/> Spill Bucket <input type="checkbox"/> Stage I Bucket <input type="checkbox"/> Dispenser Sump # <input type="checkbox"/> STP Sump <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> Vent Riser Sump <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> Check One <input type="checkbox"/> Spill Bucket <input type="checkbox"/> Stage I Bucket <input type="checkbox"/> Dispenser Sump # <input type="checkbox"/> STP Sump <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> Vent Riser Sump <input type="checkbox"/> Other (Describe):	<input checked="" type="checkbox"/> Check One <input type="checkbox"/> Spill Bucket <input type="checkbox"/> Stage I Bucket <input type="checkbox"/> Dispenser Sump # <input type="checkbox"/> STP Sump <input type="checkbox"/> Tank Top Sump <input type="checkbox"/> Transition Sump <input type="checkbox"/> Vent Riser Sump <input type="checkbox"/> Other (Describe):
Construction:	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled (vacuum test method must be performed in accordance with manufacturer or PEI/ RP1200)	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled (vacuum test method must be performed in accordance with manufacturer or PEI/ RP1200)	<input type="checkbox"/> Single-walled <input type="checkbox"/> Double-walled (vacuum test method must be performed in accordance with manufacturer or PEI/ RP1200)
Start Level:	7 1/4"	7 1/8"	
Start Time:	10:35 am	10:35 am	
End Level:	7 1/4"	7 1/8"	
End Time:	11:35 am	11:35 am	
Level Change:	0"	0"	
Test Result:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail	<input type="checkbox"/> Pass <input type="checkbox"/> Fail
Test Failure	<input type="checkbox"/> Reported to MDE Date: _____ Time: _____		

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- A liquid level drop of 1/8 inch or greater in 1 hour is considered a test failure.

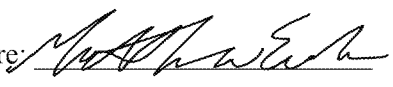
Tester Certification (check one):

☐ MDE Technician MDIC- - - T

☐ MDE Inspector MDIC- - - I

☐ Precision Tester: Test Method Hydrostatic Certification Expiration Date: _____

Tester's Name (print) : Matthew Eader

Tester's Signature: 

Comments:

All buckets clean and dry. Filled all spills and then started measuring them from the bottom to the water level. ALL PASS.

Copy of the test report must be maintained by the owner/operator for a period of 5 years and made available to the Department upon request and during UST inspections.